



PATIENT

Mitzi Byrnes

SPECIES

Canine

BREED

Poodle Standard

SEX

Spayed Female

AGE

1 Year

WEIGHT

14.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Gira

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Zhao, Alpine 24/7
Emergency

INVOICE

14691

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: History of Hyporexia, retching, suspected FB. Still playful. Seen second time for recheck

Abnormal PE/Chem/CBC/UA Results: No BW available at the time of scan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.29 cm. The left kidney measured 5.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.51 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measured 0.67 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Hyperperistalsis was noted in the **stomach** with fairly uniform chyme type ingesta. A single shadowing structure was present, measuring 1.3 cm, nonobstructive in the pyloric antrum, may be medications, wood chips or similar. The small intestine and colon were unremarkable.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

Canine

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. This is a juvenile change. An example of lymph node size measured 1.55 cm at maximum length x 8.0 mm.

BREED

Poodle Standard

ULTRASONOGRAPHIC FINDINGS

SEX

- Normal abdomen with minor retention of ingesta and slight (1.3 cm) shadowing matter in the pyloric outflow. Nonobstructive. Delayed outflow.

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Interpretation of the findings should be based on prandial timing prior to the sonogram. No evidence of surgical disease.

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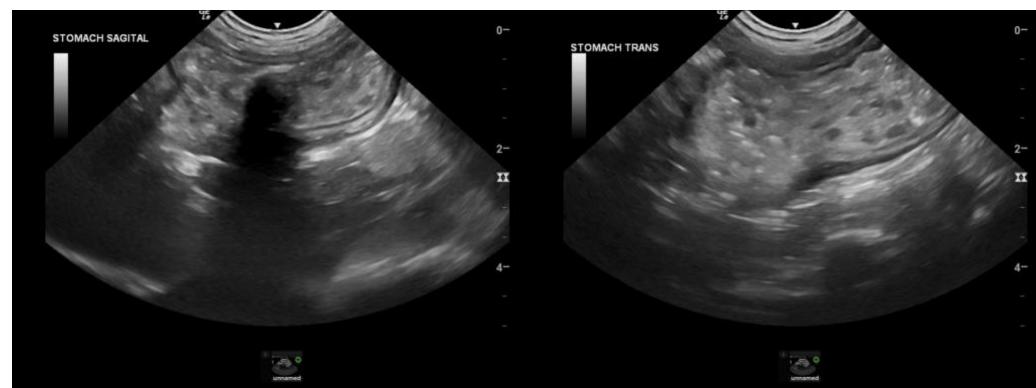
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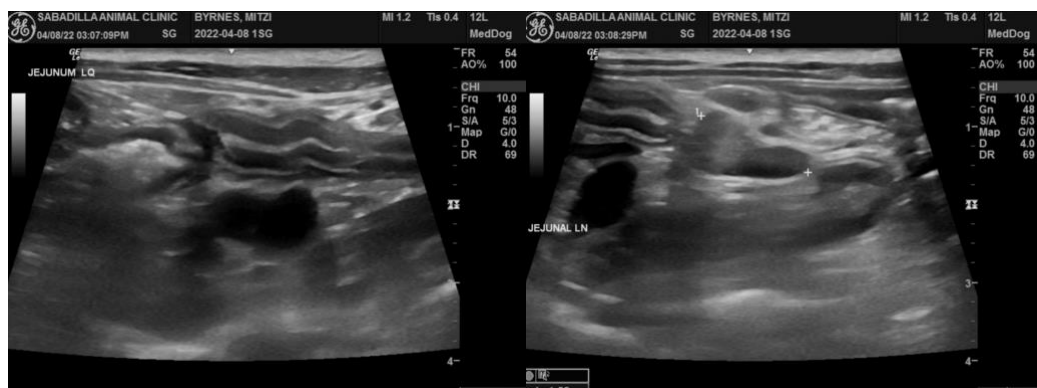
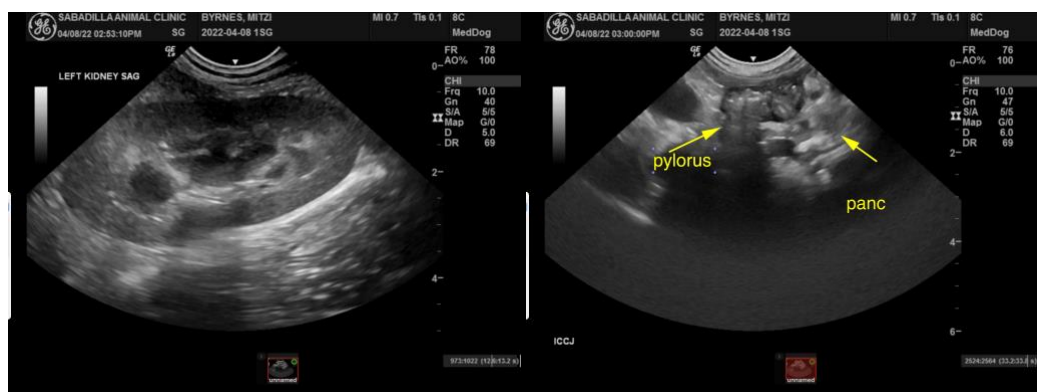
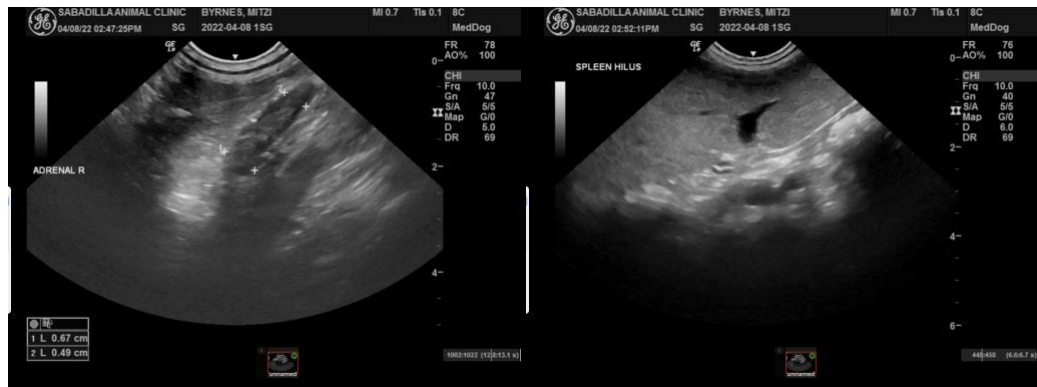
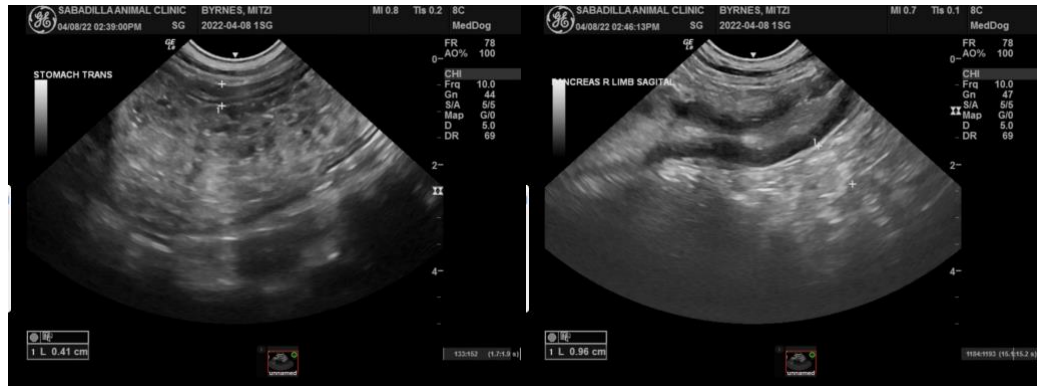
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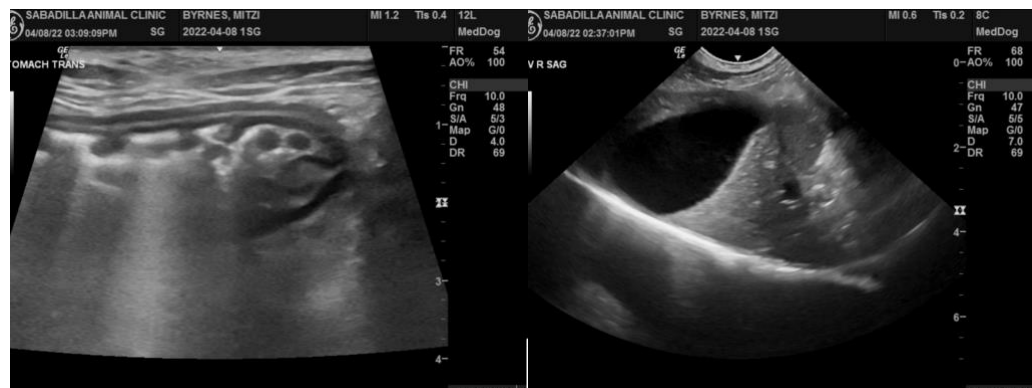
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com